

AUTHORIZATION FOR RELEASE OF VETERINARY AND FEED INFORMATION

TO WHOM IT MAY CONCERN:

The undersigned producer ("Producer") authorizes the release of requested information and any and all records regarding the documentation of the America's Best Pork[®] Process Verification Program ("ABP PVP") to Farmland Industries, Inc. ("Farmland") employees, other representatives of the ABP PVP, and/or to the USDA Agricultural Marketing Service (USDA/AMS). The requested information and records apply to veterinary care and feed manufacturing services rendered to or on behalf of any swine herds owned or controlled by the Producer. The information to be disclosed includes all records, reports, invoices (excluding transaction amounts), documents, materials, notes, memoranda, or correspondence that pertain to the swine herds owned or controlled by the Producer. This information may include information that may be of a sensitive or confidential nature.

Producer represents that Producer understands that the disclosed information will be released to Farmland employees, other representatives of the ABP PVP, and/or USDA/AMS in connection with the Producer's agreement to participate in the ABP PVP, and may also be provided by America's Best Pork[®] to parties who purchase or are considering to purchase pork from Farmland Foods, Inc.

As part of this Authorization For Release, Producer waives any applicable privileges that may arise under any applicable state law with respect to any information permitted to be disclosed under this Authorization For Release. This Authorization For Release includes information in your possession that may not be contained in veterinary charts or any written records, and authorizes you to discuss the health status, care and treatment of swine herds owned or controlled by Producer with Farmland employees, other representatives of the ABP PVP, and/or USDA/AMS, and authorizes you to execute any affidavits or other statements requested by America's Best Pork[®] or USDA/AMS with respect to those swine herds.

This Authorization For Release shall continue in full force and effect until revoked by the Producer in writing. This Authorization For Release may be photocopied and any such photocopy shall be considered as valid as the original.

This Authorization For Release has been signed and delivered by a duly authorized representative or officer of the Producer on the date shown below.

Date: _____

"Producer": _____

(Printed name of individual, farm, or company)

Signature: _____

If "Producer" is a farm or company,
complete the following items:

Printed Name: _____

Title: _____